



ADDITIONAL HOUSEHOLD INFORMATION

CHILD PROTECTIVE SERVICES (CPS) – PLACEMENT, ICPC, AND FAD

Purpose: This form gathers additional information about a foster or adoption applicant's household. This information is used by DFPS staff during the home study assessment and licensing period.

Instructions: In this form "Applicant #1" is the prospective foster or adoptive parent. "Applicant #2" is that person's spouse. Information about an adult caregiver other than a spouse who will be in the home helping to care for the child may be included in the "Applicant #2" column.

To complete this form, provide all of the information outlined in pages one through four. Complete the signature box on page five, and draw a floor-plan of your residence on the graph provided on page six. Include dimensions for each room on the floor-plan. If you have a separate document outlining your floor plan, you may attach it to this form. Only one form per household needs to be completed.

Directions: Complete this form and give it to your FAD worker at the first pre-service training (PRIDE). FAD keeps this form in the family's case record.

Texas Government Code §559.002 gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected, by contacting the person or unit to whom you submitted this form. For questions contact the person who gave you this form.

APPLICANT HEALTH INFORMATION		
Applicant or Adult Caregiver's Full Name	Applicant #1 Name	Applicant #2 or Adult Caregiver Name
Mental Health: List all psychological and/or psychiatric treatment and medication (current and historical).	Applicant #1 Mental Health	Applicant #2 or Adult Caregiver Mental Health
Physical Health: List all disabilities, serious illnesses, operations, and chronic conditions you have experienced during the past ten years.	Applicant #1 Physical Health	Applicant #2 or Adult Caregiver Physical Health
List all the medications you are taking now and the reasons they are prescribed.	Applicant #1 Medication(s)	Applicant #2 or Adult Caregiver Medication(s)

Does anyone in the household have a serious illness, a disability, a chronic problem, or an emotional or nervous condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," describe the illness or condition, who it affects, dates when symptoms began, and dates when treatment was received. Use an additional sheet of paper, if necessary.	

CHILDREN LIVING OUTSIDE THE HOUSEHOLD						
List the names of all of your children who live outside your household. Include the children of both applicants and children who are now adults. <i>DFPS is required to contact your adult children as references.</i>						
Name	Sex	Age	Address	Telephone	Email	Which individual's Child
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> #1 and #2 <input type="checkbox"/> #1 only <input type="checkbox"/> #2 only

	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> #1 and #2 <input type="checkbox"/> #1 only <input type="checkbox"/> #2 only
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> #1 and #2 <input type="checkbox"/> #1 only <input type="checkbox"/> #2 only
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> #1 and #2 <input type="checkbox"/> #1 only <input type="checkbox"/> #2 only

INCOME AND EXPENSES

DFPS is required to obtain information about your income, expenses, and financial status. DFPS reviews this information in order to verify that families are able to manage money and meet their basic needs. Foster families must demonstrate that, even without foster care reimbursement, they are able to manage the expenses of caring for foster children. No minimum income is required.

MONTHLY INCOME

Please attach paycheck stubs or other documentation of your monthly income for the past 60 days. Additional financial documentation will be requested at a later time.

Monthly Income for Applicant #1	Gross	Net
Source:	\$	\$
<input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other		
Monthly Income for Applicant #2 or Adult Caregiver	Gross	Net
Source:	\$	\$
<input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other		
All Other Household Income	Gross	Net
Source: Rental Income, Alimony, Child Support, Dividends, etc.	\$	\$
NET TOTAL:		\$

Do you own or rent your home?
☐ Own ☐ Rent ☐ Other (explain)

HOUSEHOLD EXPENSES

Enter your household's average **monthly** expenses for the following items.

House/Rent Payments	\$	Automobile Insurance	\$
Payments for Other Real Property	\$	Life Insurance	\$
Automobile Payments	\$	Medical and Dental Insurance	\$
Gasoline and Auto Maintenance	\$	Child Care	\$
Telephone/Cell Phone/Internet Service	\$	Child Support Payments	\$
Groceries and Household Supplies	\$	Credit cards	\$
Utilities (electric/water/gas)	\$	Tithes and/or Charitable Contributions	\$
Medical Care	\$		\$

(Not covered by Insurance)		Student Loans	
Dental Care (Not covered by Insurance)	\$	Recreation and Entertainment	\$
Boat/RV/ATV/trailer payments (specify)	\$	Clothing	\$
Cable/Satellite TV Service	\$	Personal or payday loans	\$
Legal (court fees, attorney fees, alimony, etc)	\$	Pet/Animal Expenses	\$
Other Debts/Expenses (specify):	\$	Other Debts/Expenses (specify):	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES			\$

If you are required to pay child support, are you in arrears? ☐ Yes ☐ No ☐ Not Applicable

If yes, please explain (use an extra sheet of paper if necessary):

NON-RELATIVE REFERENCES

List three non-relative references that have known you for more than a year, have visited in your home, and can be contacted by DFPS.

Examples of references are neighbors, school personnel if you have school age children, clergy, or any other member of your community who can provide a description of your suitability to provide care for children.

Name	Address	Telephone	Email	Relationship/Years known
1.				
2.				
3.				

RELATIVE REFERENCES

List two **relatives** that DFPS may contact as references. Do not list adult children here.

Name	Address	Telephone	Email	Relationship/Years known
1.				
2.				

ACKNOWLEDGEMENT AND CERTIFICATION OF ACCURACY

The information you provide to DFPS during the application process will be used in making a recommendation for:

- verification of your foster home;
- approval of your foster-to-adopt home; or
- approval of your adoptive home.

By signing below, you agree to the following statements:

- You confirm that all the information included on this form is true to the best of your knowledge. You further understand that the inclusion of any false information or withholding the requested information is cause for denial of your foster and/or adoptive parent application, or subsequent closure of your foster or pre-consummated adoptive home. You agree to inform DFPS if this information changes at any time during your participation in the foster care or adoption program.
- You understand that the verification or approval process involves a review of whether your family is suitable to care for the needs of children in DFPS conservatorship (custody). Therefore, you further understand that completing the paperwork, attending PRIDE and external trainings, and paying for inspections does not guarantee that your family will be verified or approved to foster or adopt.
- You understand that you are authorizing DFPS, agency authorized persons, and third parties, such as home study contractors, attorneys, guardian ad litem or judges, to talk with your family and friends about you and to gather information about your personal life, your family life or other information that may impact your suitability to serve as a foster and/or adoptive parent.
- You understand and acknowledge that DFPS or agency authorized persons, may use and share information gathered during the verification or approval process as a part of an overall assessment of your suitability to serve as a caregiver. Information that may be used or shared between DFPS and authorized third parties, such as judges, attorneys or guardians ad litem and contractors includes, but is not limited to: name-based and fingerprint-based criminal background check results; abuse and neglect registry check results; health information (including HIV status, mental health or substance abuse history); digital photos (including the inside and outside of the home, identified areas of concern or safety issues, children's sleeping area and the cleanliness of the home) or other sensitive information relating to your physical, mental, emotional or financial suitability to act as a caregiver.
- You understand and acknowledge that if you do not agree to information sharing between DFPS or agency authorized persons and authorized third parties, the verification or approval process cannot be completed.

SIGNATURES

Applicant Signature: X	Date Signed:
PRINT Name:	
Applicant/Adult Caregiver Signature X	Date Signed:
PRINT Name:	

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin, dark gray lines. There are no margins, text, or other markings on the page.